

# **VS GUI User Guide Addendum**

Release 1.7.41.1 Update







# OFFICE OF INFORMATION AND TECHNOLOGY Enterprise Program Management Office

## **Revision History**

| Date       | Revision | Description  | Author                           |
|------------|----------|--|----------------------------------|
| 04/21/2023 | 1.0      | Created Release Documentation                                | <mark>REDACTED</mark><br>VSE PMO |
| 05/22/2023 | 1.1      | Updated the document to reflect VS<br>GUI Increment 1.7.41.1 | REDACTED<br>VSE PMO              |

## Enterprise Program Management Office

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### 1 Introduction

Department of Veterans Affairs (VA) Veterans Health Information Systems and Technology Architecture (VistA) Scheduling Graphical User Interface (VS GUI) module is the Windows GUI version of the Patient Information Management System (PIMS) Scheduling module. It provides appointment management functions included in PIMS Scheduling, but with the added convenience and usability of a GUI.

#### 1.1 Purpose

The Veterans Health Administration (VHA) Office of Integrated Veteran Care (IVC) requested an enterprise enhancement for the VS package that supports COVID-19 response. The enhancement reduces operating costs for VHA and improves operational efficiencies, resulting in patient-centered access to care, coordinated care, increased customer satisfaction, and the reduction of excessive cycle/wait time for scheduling patients.

#### 1.2 Overview

VS GUI is a software module that allows schedulers to make appointments quickly by viewing multiple appointment request types and multiple clinics in one screen. A scheduler can easily view patient requests for service, find the next available open appointment, view the provider's availability in multiple clinics, and track a patient's appointment process. Refer to <a href="System">System</a> Summary for a more detailed description of VS GUI functionality.

#### 1.3 Disclaimers

## 1.3.1 Software Disclaimers

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## 1.4 Project References

### 1.4.1 Information

The VS GUI points of contact (POCs) include:

- » IVC Program Office –
- » TeleHealth & Scheduling Technical Director –
- » IVC Emerging Technologies Acting Legacy Program Manager –

#### VistA Scheduling (VSE) Resources

- » Veterans Health Administration (VHA) VSE SharePoint:
- » VA Software Document Library (VDL) Scheduling (VSE manuals near the bottom): https://www.va.gov/vdl/application.asp?appid=100
- » National Return to Clinic (RTC) Order:



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## 2 System Summary

The VSE project delivers a series of enhancements to legacy VistA Scheduling Version 5.3 via the VistA Scheduling (VS) Graphical User Interface (GUI) application.

This update is for the nationally released version 1.7.41.1, which includes VS GUI 1.7.41.1 and VistA patch SD\*5.3\*843. At time of publishing, install period is projected for June 2023.

VS GUI Release 1.7.41.1 is heavily focused on back-end updates; however, there are two user facing updates as well. VSE GUI will no longer allow control characters in the comments field for both the Appointment Request and Contact Attempt windows. The back-end updates include Remote Procedure Call (RPC) modifications along with new RPCs created to support future functionality. Additionally, this release closed requests that were open for deceased Veterans, as well as created a VistA option in the Scheduling Manager's Menu to return all open Veteran requests with relevant information for scheduling.



## 3 Key Feature Update in Version 1.7.41.1

#### 3.1 Prevents Control Characters in Comments Field

As of this release, users will not be able to submit control characters in the comments field of both the Appointment Request and Contact Attempt windows. If an unsupported character is entered in the comments field, users will receive the below message:

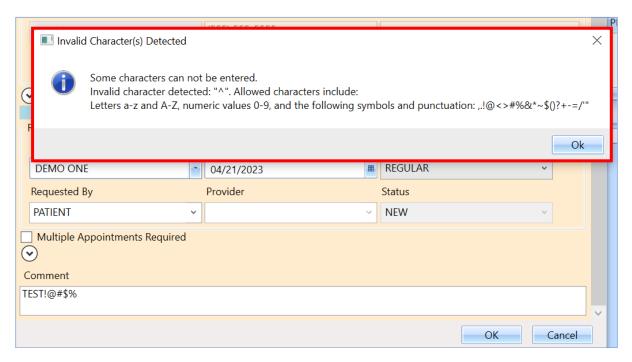


Figure 1: Appointment Request Window - Message received if an unsupported character is entered in the comments field.

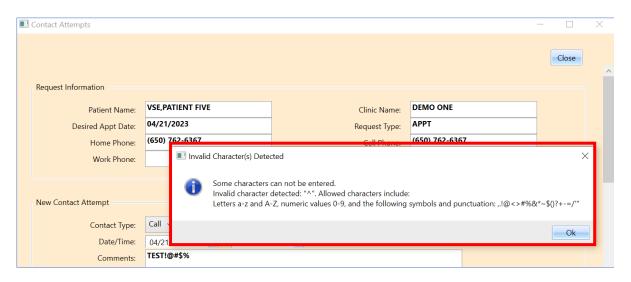


Figure 2: Contact Attempt Window – Message received if an unsupported character is entered in the comments field.